

Destiny and the Process of Dying

*A Lecture by Dr. Zoltán Schermann**

My lecture is based on an experience I had. For me, it was a very profound one which changed my destiny. What I would like to say is also closely linked to the way in which medicine is practiced in Holland. I will therefore speak about it in detail. This is also necessary to understand certain events correctly

A case in a general practitioner's practice in Holland

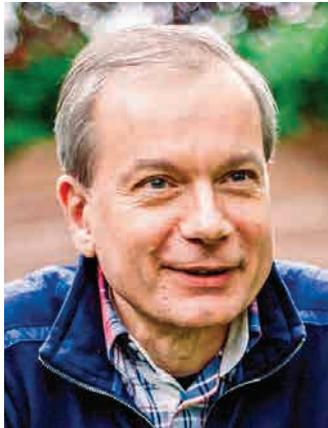
The situation occurred in 2007. At that time I was an anthroposophical doctor in a general practitioner's (GP's) practice.

That does not mean that every patient who came to me was also really interested in anthroposophical medicine. In Holland the GP has a very central role in the doctor's profession. Every patient has to register with a GP. This also means that the practice is linked to a particular locale, so people register who live in the neighbourhood and simply need a doctor. These mostly expect purely conventional medical treatment.

For medical treatment one first always has to go to a GP. One cannot just go along to a specialist without being referred by a GP. However, GPs refer patients quite quickly. There are of course well-organised emergency services in hospitals where one is treated in emergencies, but in general, when you need a doctor's help, you first go to a GP. The GP has this central role not only for seriously ill people, but he or she also has the main responsibility for palliative care.

The organisational structure of the GP's practice in Holland is comparable with that in Germany. In the case of private practice, however, one can accept patients who are not registered. They are mostly people who are interested in anthroposophical medicine.

The case I would like to describe concerns a woman who was 67 years old at the time. She was registered in my practice and I had known her for many years. Actually, she didn't come to me because of anthroposophical medicine. The patient had various problems, but repeated examinations had always had no results, so she was disappointed by conventional medicine and didn't feel that the specialists took her seriously. She was gaunt and always very pale, but vital and energetic. The confidentiality in our relationship



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was always good. Her family consisted of two sons and her husband with whom she had also always had a good relationship. She was not very interested in spirituality, and was a member of no church, but she was somehow pious and always joyful.

Two years before her death she was diagnosed with cancer of the uterus. It had taken a long time before she let herself be examined and even longer time before the gynaecologist made the right diagnosis. There were always communication problems between the patient and the gynaecologist. Then she was put on the waiting

list for an operation, and was only operated on after almost three months. Further treatment, such as radiotherapy and chemotherapy were not recommended, as the doctors proceeded on the assumption that the operation had completely suppressed the cancer.

I had recommended treatment with *Viscum* (mistletoe), which she had declined. She was considerably disabled by the operation. For example, after it she could no longer urinate normally. The urine sprayed everywhere, so she could only urinate in the bath.

Three months later, however, the tumour began to grow again. It gradually grew out of her abdominal wall and became an open wound which would not close. It was always moist, bloody and smelled very unpleasant. Since then she no longer defecated regularly and could only deal with the agonizingly painful situation in the bath.

Moreover, she developed a strong allergy and could hardly tolerate any more medicaments, especially anything allopathic – and no analgesics. The patient had to put up with everything without being able to receive much help, apart from the best possible care at home. She remained nevertheless very lively and definitely had many months left to live.

She still always retained a kind of cheerfulness, as I was able to experience in regular and detailed conversations. Everything possible was done in the way of supportive measures but mostly they failed because of her extreme allergy. Gradually, she was no longer able to bear her situation and repeatedly wanted to speak to me about assisted dying.

In the approximately 20 years of practice as a GP this subject has come up frequently. To my patients' questions I have always answered that I do not actively help people

* This lecture was given on 16 November 2014 in Dornach, in the context of the so-called Halde Conference (Doctors' Conference).

to die. I shall come back to that. First, I'd like to outline the situation in Holland and in what situations one can find oneself as a GP.

Regulation of assisted dying in Holland

In Holland assisted dying is something that is widely socially accepted. Since 2002 it has been governed by a legal framework about which discussions began already forty years ago. The first case of assisted dying reported to the authorities was in 1973. Under Mrs Els Borst as Health Minister a law was passed in 2002 which regulates assisted dying.

It is not the case that the law simply allows assisted dying. The law lays down criteria in accordance with which a request for assisted dying is assessed and conditions which the doctor has to fulfil.

One criteria is that a second, independent doctor additionally has to assess the situation. For about ten years courses on assisted dying have been provided for doctors. One of the doctors has to assess the request and make a recommendation.

Further criteria are that the patient's suffering is unbearable, that no improvement is possible, that the request for assisted dying has been a decision that has been well thought over, and that there is therefore no further, appropriate possibility to treat the problem. When assisted dying is to be allowed, a medical examiner must be involved. He or she makes an assessment and a report and submits this to the authorities. An examining commission judges after the event whether all the criteria were correctly fulfilled. If the doctor has done everything properly and carefully, then he is not subject to legal prosecution.

With this law Holland became the first state in the world where assisted dying is legalised under certain conditions. The second state was Belgium and the third, Switzerland. Many people have for a long time already regarded assisted dying as something to which they have a right.

Because the GP has such a central role, he or she cannot avoid this issue. Assisted dying is simply seen as part of a GP's field of work.

A fateful situation

As I said, in the approximately 20 years of my career as a GP, the issue of assisted dying has regularly come up, but my answer was just as regular: no! That does not mean that I abandon these patients. I would show them how many effective possibilities there are to relieve pain and other difficulties. That there were therefore many alternatives to assisted dying. This always required detailed conversations and a great deal of time. Previously, I had always managed, in giving intensive palliative care and support, to enable

the patient to avoid assisted dying. They were always very strenuous but also very satisfying treatments. Sometimes I even thought that the patient might no longer be able to cope with the situation, but then it always happened that the patient died soon afterwards. The patient had thus been able to live out his or her destiny.

Once only I had to refer a patient to another GP, because he had decided on assisted dying and would accept nothing else. Repeated conversations were unfruitful and my suggestions were declined. The patient himself then demanded to be referred to another GP.

The situation with this woman was somewhat different, however. Never before had I experienced someone suffer so much from an illness. There was no effective way of relieving her suffering, not even a little. I could empathise with her request. Because I had been treating her for so long, I also did not find it right to refer her to another doctor. I stood there with nothing I could do. A really fateful situation. I simply could not avoid the issue.

I then really wrestled with myself over her request. Why did I not want to resort to assisted dying in her case? Just because we anthroposophical doctors don't do that? Or because I was afraid that she would not die at the right time? Or that I would interfere in her karma? – But what could I actually know of that?

Was I not just pushing her request, with which I now clearly empathised, away from me and hiding behind a rationalisation? Was I afraid of doing what the patient was demanding of me? Was I basically only a coward?

There remained no alternative. Pressed by necessity and still feeling unwilling I finally agreed. The woman was very relieved. After my agreement, she went on for two months, after which she called on me to fulfil my promise.

Reflections on the process of dying

Before I go on, I must add two remarks. The first one concerns my perception of dying, the dying process.

When I look at the etheric body, I can perceive that the etheric body is just as large or perhaps slightly larger than the physical body. The physical body and etheric body are, as I see them, almost the same size. That's the case throughout life.

During my work as a GP I have been able to experience the death of a person quite a few times, mostly after a fatal illness. I have always been able to observe that the etheric body changes in a particular way at the moment of death. In the moment the soul leaves the body the etheric body changes. It expands to a certain extent so that it extends beyond the physical body, but the form of the physical body remains. At about the height of the navel the etheric body

begins to draw itself together and to rise up and stream out like a thread. The etheric body departs as a thin thread and disappears somewhere in the heights.

This process of the etheric body drawing together, streaming out and withdrawing from the physical body lasts about three days, until no more etheric substance is left and withdrawal ceases. Because I perceived this process many times, I checked to see what Rudolf Steiner writes about it:

“While man is joined to his physical body, the outer world enters his consciousness in images. After the physical body has been laid aside, he becomes aware of the experiences the astral body undergoes when unconnected with the outer world by physical sense organs. To begin with, the astral body has no essentially new experiences. Its still remaining connection with the etheric body stands in the way of any new experience. But it possesses in an enhanced degree the *memory* of the past earth life, which memory the etheric body - being still united with it - causes to appear in a vivid, all-embracing tableau. Such is the first experience of the human being after death. He sees his past life from birth till death in a vast series of pictures, simultaneously spread out before him. During his earthly life memory is only present while - in the waking state - man is united with his physical body. Moreover, it is only present to the limited extent the physical body permits. Yet to the soul itself nothing is lost; everything that has ever made an impression on the soul during this life is preserved. If the physical body were but a perfect instrument for the purpose, it would be possible for us at every moment to conjure up before the soul the whole of our past earthly life. At death all hindrance is removed, and while man still retains the etheric body he has a relatively perfect memory. This vanishes, however, in proportion as the etheric body loses the form it has while it indwelt the physical - a form which bears a fundamental likeness to the latter. This is also the reason why the astral body separates from the etheric body after a time. For the astral body can only remain united with the etheric body while the latter retains the imprint, the form that corresponds to the physical body.”¹

The second remark pertains to the way in which the dying process has to be assisted in Holland. The only way one may proceed is laid out precisely. Otherwise, the conditions of assisted dying are not fulfilled. I do not want to go into the moral side of assisted dying, but I want to clarify what actually happens.

After sufficient clarification of the whole situation of the patient, if assisted dying is legally permitted, it can be carried out. How the doctor has to proceed is precisely prescribed. Two medications must be employed which are otherwise used for anaesthesia and surgery. The one,

thiopental, is a barbiturate, while the other, rocuronium, is a muscle relaxant. First, a very high dose (2 grams) of thiopental is added. This induces anaesthesia. A very high dose of rocuronium is then injected intravenously. Soon after this is injected, the patient dies.

It became clear to me where the lie is...

I therefore had to keep to my promise; the time had come for which I, as well as the patient and her husband had thoroughly prepared. They had said their farewells and had talked over everything that was necessary for them. They were both convinced that assisted dying was right and that it was the right time. I came at the appointed time and found her on her sickbed. Only her husband was with her. Once again, I asked if everything was as she wanted it. She said yes and asked me to carry out the procedure.

So first I injected the barbiturate, and then the curare. I waited for the moment of death to see what would happen.

Then something completely different occurred which I had not expected. Instead of the gentle withdrawal of the etheric body, as I described before, the etheric body swelled up. It swelled up powerfully and exploded in countless pieces. The room was full of shimmeringly bright and swirling shreds. The process only lasted a short time, less than a minute, then everything dissolved and disappeared. The light in the room became dim as it was before and her husband seemed not to have noticed anything.

And I sat there, the syringe still in my hand. I was very, very shocked. Much became immediately clear to me. Immediately clear where the lie is. It is not only about premature death, and also not about the complete process of the illness. It goes much, much deeper, much further.

Here is a quotation from Rudolf Steiner:

“But when the physical body has fallen away, the etheric body is freed. And now this etheric body brings forth all the fruits of the life we have lived through up to our death. That is also the reason why it presents the whole life-panorama that spreads out before us for a few days, the tableau of finished earth life, so that we may learn and acquire from this panorama everything that can be extracted from our past experiences.[...] The astral body never enters the etheric body in a way that allows it to make use of what the etheric body has developed in the present incarnation. But after death it does so. It is related to the etheric body in a way that lets it feel and perceive and sense the fruits gathered from the life just ended. And when, a few days later, the astral body separates from the etheric, the entire product of that life is contained in the astral body as the result of the astral body’s having drawn it out of the etheric body during the days it has spent there. The astral body needs to spend only

those few days in the liberated etheric body to live through everything that an incarnation has brought forth. But it takes a long time to shape what it has thus experienced so that a new earth life can be fashioned from it.”²

People believe they are being merciful when they help someone. To help someone who can no longer endure his suffering from an illness. And afterwards everyone is supposed to be satisfied. That woman’s husband is to this day. But actually something quite different has happened. One does something that, viewed externally, seems helpful and human. But what happens? This human being is catapulted into the cosmos without a post-mortem experience of remembering, without a post-mortem vision of his life panorama, and without spiritual light, because his etheric body explodes.⁴

Once again a quotation from Rudolf Steiner: “Now, you see, just as in the life between birth and death the Ego must be a continuous thread, which may not at any time during daily life lose the possibility of remembering what has happened since that point in childhood to which one can go back, so must it be also in the life between death and rebirth. There, too, we must always have the possibility of preserving our Ego. Now this possibility is given us, and it is given us through the fact that the first days after death are passed in the manner we have often described. Immediately after death a man has before him, as in a mighty picture, the life which has just run its course. For several days he goes back over his whole past life, but always so that the whole life is there before him. It lies before him as in a great panorama. Now, of course, if observed more closely, it turns out that these days in their review of the past life, are as it were endowed with a certain power of observation. In a sense we regard the life during these days from the standpoint of the Ego. We see in particular everything in which our Ego was interested. We see the relations which we have with a person, but we see them in a connection with the results we ourselves obtained from them. Thus we do not regard things quite objectively, but see all that has borne fruit for ourselves. Man sees himself everywhere as the centre. And that is extremely necessary. For from these days when he thus sees everything which has been fruitful for him, arises that inner strength and force which he needs in the whole of his life between death and rebirth, in order there to be able firmly to retain the thought of the Ego. For we owe the power of being able to retain the Ego between death and rebirth to this vision of the last life; the power to do so really proceeds from this. And I must again specially emphasise this, even if I have said it before — the moment of death is of extraordinary significance.”³

A serious encounter

But there was more. Because I was so shocked, I was perhaps a bit loosened up and could perceive more.

Suddenly I became aware of an angelic form. It stood to the left of the dead woman. A tall and serious figure, frightening and powerful. I could sense how its power and might extended far beyond human power and could not be compared with it. It is often described in encounters with angels that the angel says, “fear not.” It was clear to me that he had been waiting for me to notice him. But he did not say anything, he just looked at me seriously. It became clear to me that I had interfered with his work.

He came to me, held out his hand and pointed at me. And he wrote in me. I felt that he was writing in my bones. He looked at me, imprinted something in my bones and then disappeared. At that moment I had not understood at all what he had written in my bones. But I felt somehow relieved that he had done that. I literally felt right down into my bones that I would one day get the chance to make this good again. The threads are already spun. He will bring us together again.

The necessary development of consciousness

I am convinced that the explosion of the etheric body was directly connected to the medicaments. In all the other situations in which it had been necessary to use conventional medicines in the final stages of illness, I never saw something of this kind. I mean for example morphine, strong sedatives, tranquillisers etc.

Here one can recognise very precisely how the ahrimanic element works. Society develops a procedure, a system. There is a precisely laid-out procedure that seems proper and is even recognised in law. It is a procedure which provides relief for hopeless suffering. It is effective, reliable and elegant as well as intelligent, reasonable and hygienic. Who can say anything against it?

But something very different, something hidden and invisible, is going on. People who undergo this procedure are thrust out of their karma, and lose their way in the post-mortem world. The ahrimanic element works all the more effectively, because the procedure compulsively prescribes that exactly those means must be used that will cause the bursting apart of the etheric body. But it is precisely the materialistic world view that will never notice this. One can even observe how the system establishes itself and spreads. It is similar to computerised automation, which no-one can stop. This is exactly what also applies to assisted dying.

In 2013 in Holland about 14,500 requests for assisted dying were registered. Of those, about 4,800 were carried

out. That corresponds to about 3.4% of cases of deaths, 8% of them were cancer patients. This number also includes 42 cases of psychiatric patients and just as many Alzheimers patients. As we can see, the system is expanding. Doctors are not at all happy about the development. It is a principle that a system which is socially accepted spreads, because ahrimanic influences take over the direction of it.

Looking away does not help. Just as automation cannot be stopped, by not buying a computer or smartphone. I am convinced that other countries will follow Holland's example and will legalise assisted dying. The only thing that can help is a development of consciousness. It is an urgent question of the development of consciousness. An urgent question of seeing through what is actually going on.

After this fateful experience I was preoccupied with the question of what I could do about it.

In the years that followed I gradually understood more and more what the angel had written in my bones. One is the task to speak about this experience. To speak about it where there is a chance that it will be understood and not be futile. Since then I have told the story to various patients who are thinking of assisted dying. Without exception, all were glad and their doubts disappeared. From then on they have borne their suffering, differently, more courageously I would say.

In September 2011 I gave up my job as a GP and have been working as a private doctor ever since. The ever-increasing regulation and coercion at work made it ever more impossible for me to work in the way I think right. In doing so, I have given up security in our livelihood, but now I can carry out my work as a doctor with personal responsibility and freedom. My main focus is extended cardiac auscultation following the method of Kaspar Appenzeller. I feel very responsible for supporting and developing this. I am convinced that this method can give a strong impulse to anthroposophic medicine. Since this change in my life, very sick people have come to me all the more, including many cancer patients. In several cases it was very helpful for them when I told them of my experiences.

Unfortunately, I also experienced an exception some months before this lecture. I had been treating a woman intensively for two years. She suffered from breast cancer and found it very difficult to accept that she was dying. She was very attached to her body and had many fears.

Although she had strong spiritual interests and understood my account of my experience very well, she finally asked her GP for assisted dying. In my opinion, she was defeated by her fears. When I was away on a training course for a week, she and her GP arranged everything for assisted dying.

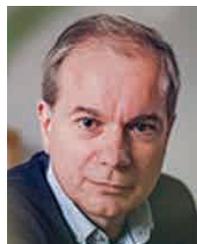
This event has again thrown up new questions. How could assisted dying be seen in the right way? Not to bring about death but to accompany someone so that he or she is in a position to lay aside the physical body with confidence and at the right time. That is certainly not only a medical question. I think it is very necessary to create a counterbalance to active assisted dying.

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[Subtitles have been added by the editors.]

Notes

- 1 *Occult Science - An Outline* (GA 13), Rudolf Steiner Press, London (1969) p. 71.
- 2 *Chance, Necessity and Providence* (GA 163), lecture of 5.9.1915.
- 3 *The Forming of Destiny and Life after Death* (GA 157a), lecture of 16.11.1915.
- 4 See also: Benjamin Schmidt, "Noch haben die Hierarchien ein Interesse... On Rudolf Steiner's comments about the consequences of potassium cyanide poisoning", *Der Europäer*, Vol. 13 No. 8 (June 2009).



About the author:

Born 1960, studied medicine. 1996, moved to Leeuwarden (NL), active in an anthroposophical general practice. Subsidiary studies: oriental medicine. Since 2008, extended cardiac auscultation following the Appenzeller method and since 2011

private practice, focusing on extended cardiac auscultation. Collaboration with his wife, joint research into the relation between biographical events and the symptomatology of illness. Since 2012, collaboration in developmental courses for doctors (on cardiac auscultation) in Cologne.

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